

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214501845				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME:  <b>Regions Bank</b>  2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b>   <b>RICHMOND, VA</b> </div> <div style="width: 35%; text-align: right;"> DUE DATE: <b>2/28/2014</b>   SCC ID NO: <b>F1204546</b>   5.) STOCK INFORMATION  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED					
COMMON	20,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>AL</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> ADDRESS: 1900 FIFTH AVENUE NORTH  CITY/ST/ZIP: BIRMINGHAM, AL 35203 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: O B GRAYSON HALL JR TITLE: PRESIDENT ADDRESS: 1900 FIFTH AVENUE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: PAMELA R WELCH TITLE: ASST S ADDRESS: 315 DEADERICK ST CITY/ST/ZIP/CO: NASHVILLE, TN 37237	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: DAVID J. TURNER, JR. TITLE: CFO ADDRESS: 1900 FIFTH AVE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: GEORGE W BRYAN TITLE: DIRECTOR ADDRESS: 1900 FIFTH AVENUE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: CAROLYN H. BYRD TITLE: DIRECTOR ADDRESS: 1900 FIFTH AVE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: DAVID J. COOPER TITLE: DIRECTOR ADDRESS: 1900 FIFTH AVE NORTH CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME:	DON DEFOSSET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	ERIC C FAST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	JOHN D. JOHNS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	JAMES R MALONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	RUTH ANN MARSHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	SUSAN W MATLOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	JOHN E MAUPIN JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	CHARLES D MCCRARY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	JOHN R ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
NAME:	LEE J STYSLINGER III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 FIFTH AVENUE NORTH		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAMELA R WELCH	PAMELA R WELCH, ASST S	12/27/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			